

**Building Utilization Request**



**Pioneer Career and Technology Center**

ATTN: Director of Business Affairs  
27 Ryan Road, Shelby, OH 44875

*MH*

**Part I - To be completed by organization requesting building utilization**

Date(s) <u>6/20/2018</u>		Setup Time	Tear Down Time	Date Request Submitted																					
Activity: Day(s) <u>Wednesday</u>				<u>January 22, 2018</u>																					
Event Time(s) <u>8:00a - 2:30 pm</u>		<u>8:00 AM</u>	<u>2:30-3:30</u>	Room(s) / Area Requested:																					
Name of Organization and Event Being Held <u>Migrant Career Exploration Event</u>		Number of Persons Attending Meeting <u>60-70</u>		<u>Community Room, Arena, various labs and classrooms</u>																					
Address		Services to be provided by outside person(s)/vendors (i.e. caterer, photographer, etc.)																							
Contact Person: <u>Vickie Hunt</u>		Business Name: _____																							
Phone Numbers: Home: _____		Contact Person: _____																							
Work: <u>42921</u> Cell: <u>419 571-4481</u>		Phone Number: _____																							
PCTC Requested Services: (Identify No. Needed)		Address: _____																							
<table border="0"> <tr> <td><u>Room Setup</u></td> <td><u>Electronic</u></td> <td><u>Café</u> OR</td> </tr> <tr> <td><u>Chairs</u></td> <td><u>Microphone</u></td> <td><u>Culinary Arts</u></td> </tr> <tr> <td><u>Tables</u></td> <td><u>Ovrhd. Proj.</u></td> <td><u>Drinks</u></td> </tr> <tr> <td><u>Chalkboard</u></td> <td><u>Video Camera</u></td> <td><u>Snacks</u></td> </tr> <tr> <td><u>Lectern</u></td> <td><u>Video Recorder</u></td> <td><u>Breakfast</u></td> </tr> <tr> <td><u>Coat Racks</u></td> <td><u>Internet Access</u></td> <td><u>Luncheon</u></td> </tr> <tr> <td></td> <td></td> <td><u>Dinner</u></td> </tr> </table>		<u>Room Setup</u>	<u>Electronic</u>	<u>Café</u> OR	<u>Chairs</u>	<u>Microphone</u>	<u>Culinary Arts</u>	<u>Tables</u>	<u>Ovrhd. Proj.</u>	<u>Drinks</u>	<u>Chalkboard</u>	<u>Video Camera</u>	<u>Snacks</u>	<u>Lectern</u>	<u>Video Recorder</u>	<u>Breakfast</u>	<u>Coat Racks</u>	<u>Internet Access</u>	<u>Luncheon</u>			<u>Dinner</u>	If specific hookup/utility needs are required see attached: (check one) <u>Yes</u> or <u>No</u>		
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For specific room setup, see attached design: (check one) <u>Yes</u> or <u>No</u>		Estimated time of arrival at Pioneer for setup/delivery: _____																							
		Other/Specify: _____																							
		Date of contact with Cafeteria/Culinary Arts Services if used for this event: _____																							

**Part II - To be completed by PCTC Personnel**

**Estimate Calculation of Fees: Attach any pertinent papers.**

Rental ..... \_\_\_\_\_

Custodial Services ..... \_\_\_\_\_

Food Services ..... \_\_\_\_\_

Other ..... \_\_\_\_\_

**Total Fee Estimate** \_\_\_\_\_

**Note:** Final invoice billing based upon actual costs following the event/activity.

Upon receipt of invoice, please make check payable to:  
**Pioneer CTC**

Action Taken	Date	By
Approved and Booked	<u>1/25/18</u>	<u>VJ</u>
Billed for Services		
Referred to Board		

**Responsibility Notice**

It is understood that our organization assumes full responsibility for any damage to the building and equipment.

A Security Deposit in the amount of \$ \_\_\_\_\_ is required to confirm scheduling. This will be applied to final invoice upon satisfactory complete of event/activity.

**Any and all information on this form may be shared with the public through our publicly accessed calendar.**

Signature (person in charge of activity): V. Hunt

Date: 1/22/18

It is the policy of Pioneer Career & Technology Center to use these funds for the direct use, improvement, and

**Thank you for selecting Pioneer for your event!**